



526 Thorpe Road
 Orlando, FL 32824-8133
 Phone (407) 855-6161
 Fax (407)-855-6884
 EMAIL: DMC@DMCTOOLS.COM
 WEB: WWW.DMCTOOLS.COM

WIRING SYSTEM TOOL KIT REQUEST FORM

Date: _____
 Company Name: _____
 Contact Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____
 Contact Email: _____

Thank you for considering DMC for your Custom Wiring System Tool Kit needs. As part of this process we will need specific information to assist us in identifying the correct tools that will be included in your kit. Please provide the information requested below and submit to dmc@dmctools.com.

Once we have identified the specific tools and have designed the kit based on your needs, we will provide you with a formal quotation with price and lead time to complete this kit.

KIT PROJECT SPECIFICS

Tool Kit Purpose: _____

Budget associated with this project: \$ _____ My Requirement is: ____ Now ____ Future

Total number of Kits required: _____

Will you be providing: ____ List of Tools & Accessories ____ List of Connectors/Contacts & Other Components

Will you require: ____ Crimp Tools & Accessories ____ Installing/Removal Tools
 ____ Adaptor Tools
 ____ Wire Strippers - Please provide wire type _____
 Other special tooling required: _____

Type of Packaging: ____ Carrying Cases (**Check One:** Weatherproof Metal Economy Carry Case)
 ____ Roll-Around Cabinet/Chest

Any other special requirements: _____